



Medical Record Maintenance & Access Requirements



What's Changed?

We added a new resource link to the latest telehealth information (page 6).

Substantive content changes are in dark red.

This fact sheet educates Medicare physicians, non-physician practitioners, hospitals, other providers, and suppliers on current regulations at [42 CFR 424.516\(f\)](#). It gives information on documentation maintenance and access requirements for billing services to Medicare patients. It also tells you how long to keep the documentation and who's responsible for providing access.

Who Does This Regulation Impact?

1. A Medicare provider or supplier providing covered ordered, certified, referred, or prescribed Medicare Part A or Medicare Part B services, including laboratory and imaging services, items, or drugs

Example: 123 Medical Supply is a DME supplier providing walkers and wheelchairs that Dr. John Doe ordered for patients. 123 Medical Supply must maintain and provide access to medical records for DME items Dr. John Doe ordered.

2. A physician or, when permitted, an eligible professional who orders, certifies, refers, or prescribes Part A or Part B services, items, or drugs

Example: Dr. John Doe is a physician who orders DME items for Medicare patients. Dr. John Doe must maintain and provide access, if requested, to the medical records related to the DME items (for example, the order and associated office visit records).

The regulation requires you to maintain medical records for 7 years from the date of service (DOS).

CMS recognizes you may rely on an employer or another entity to maintain these records. However, if you get a medical records request, you're responsible for providing the medical records to us or 1 of our Medicare contractors.

Who May Request Access to Medical Records?

We or a Medicare contractor may request access to documentation. The term "access to documentation" means you must provide the documentation or make it available in the manner we or 1 of our contractors request.

Example: WPS, a Medicare Administrative Contractor, sent Dr. John Doe a request for medical records on all orders for wheelchairs for Medicare patients with a DOS from November 1 – November 10, 2023. Dr. John Doe must provide complete copies of medical records per the specific request from WPS.

What Type of Documentation Must You Maintain & Provide?

Types of documentation you must provide include written and electronic documents relating to:

- Orders
- Certifications
- Referrals
- Prescriptions
- Requests for payments for Part A or Part B services, items, or drugs

The [Medicare Benefit Policy Manual, Chapter 7](#), section 30.5.1.2 notes that in cases of home health (HH) care, the certifying physician's or allowed practitioner's facility medical record must contain information that justifies the referral for Medicare HH services for the patient. Referrals should support the patient's:

- Need for the skilled service
- Homebound status

When requested, you must provide documentation used to support certifying HH eligibility to us, the home health agency (HHA), or review entities. In turn, the HHA must be able to provide the supporting documentation to us and our review contractors.

These documents must include the physician's NPI or, when permitted, the NPI of another eligible professional who ordered, certified, referred, or prescribed the Part A or Part B service, item, or drug.

When requested, you must provide all documentation to support the medical necessity of the Part A or Part B service, item, or drug ordered, referred, certified, or prescribed. Documentation may include, but isn't limited to:

- Physician orders
- Face-to-face evaluations
- Therapy notes
- Assessment notes
- Correspondence to or from the patient
- A photograph or detailed description of service or both
- Any additional documentation to support the medical necessity of the services, items, or drugs

Remember, these documentation maintenance and access guidelines apply to any physician or, when permitted, any eligible professional who orders, certifies, refers, or prescribes Part A or Part B services, items, or drugs. For these other eligible professionals, the 7-year timeline and access requirements we outline still apply. We require the NPIs of eligible professionals to be part of the required documentation.

What Medical Records & Access Guidelines Apply for Teaching Physicians & Residents?

Teaching physicians and residents may document their services in a patient's medical record. You must legibly sign and date all documents, which can be:

- Dictated and transcribed
- Handwritten
- Typed
- Computer-generated

Residency programs outside of Metropolitan Statistical Areas must document the teaching physician's physical or virtual presence in the patient's medical record when using audio-video, real-time technology, including telehealth services. Medical records must note the specific service part performed during the physician's presence.

You can use documentation macros if you personally add it in a secured or password-protected system. These macros may be commands in a computer or dictation application in an electronic medical record that automatically generate predetermined unedited user text. You must provide enough patient-specific information to support medical necessity.

Besides the macro information, the note in the electronic medical record must describe the patient-specific services you provided on that date. It's insufficient documentation if physicians and residents only use macros.

What Happens if You Don't Maintain Required Documentation or Don't Provide Access?

- You must comply with the document maintenance and access requirements at 42 CFR 424.516(f) to maintain your Medicare enrollment
- Failure to comply with these requirements may result in us revoking your Medicare enrollment per [42 CFR 424.535\(a\)\(10\)](#)
- If we revoke your enrollment, we bar you from participating in the Medicare Program from the effective date of the revocation until the end of the re-enrollment bar per [42 CFR 424.535\(c\)](#)
- We may consider each instance of non-compliance in deciding the length of the re-enrollment bar
- Failure to provide 1 medical record listed in the request letter may constitute a single instance of non-compliance

Access to Documents Examples

Sufficient Access

Examples of sufficient access to documentation include providing:

- All documentation requested
- Documentation specific to the orders or certifications, as requested
- Documentation for the DOS or billing period requested

Deficient Access

Examples of deficient access to documentation include providing:

- None of the requested documentation
- Only a portion of the requested documentation
- Similar documentation that doesn't contain the order or certification requested
- Other documents we or a Medicare contractor did NOT request or documents that don't specifically direct attention to the requested documentation

Example: A Medicare contractor requests copies of all orders of wheelchairs from an ordering physician for all patients with a DOS from November 1 – November 10, 2024. The ordering physician must provide the copies, in full, per the specific request. If you can't provide the copies because you didn't personally maintain the records or you can only provide part of the record, then you haven't met the requirement to maintain this documentation and provide access to it. In such cases, you may be subject to the revocation basis set forth in 42 CFR 424.535(a)(10).



What Are Some Best Practices for Meeting the Documentation & Maintenance Requirements?

- Providers may add language to their contracts with employers (W-2 relationship) or entities paying them for their services (independent contractor relationship) regarding access to medical documentation. You may write the contractual language in a way that makes sure you have access to the medical records upon our request. We encourage you to discuss contractual language with your legal counsel.
- If your hospital employer solely maintains the medical records for your Medicare patients, make sure the hospital is willing to provide the necessary documents to respond to a medical records request. Consider discussing these requirements with the hospital before performing services there. Claiming the hospital isn't providing you with access to medical documents isn't a valid excuse. We may elect to revoke your Medicare enrollment for failing to produce medical documentation after a records request under 42 CFR 424.535(a)(10).

If you work for a telehealth-based practice group or are in a business relationship with any type of telehealth entity, the documentation and maintenance requirements still apply to you. You must make sure the group or entity is willing to provide access to the medical records on your orders for Medicare patients upon our request.

Visit the [CMS Telehealth](#) webpage for the latest information. It provides physicians, practices, and health systems with the latest Medicare telehealth policy updates.

Reminders

Certificates of Medical Necessity & DME Information Forms

Information on certificates of medical necessity and DME information forms is available either on the claim or in the medical record. Effective for any DOS on or after January 1, 2023, providers and suppliers no longer need to submit these forms. See the [Medicare Program Integrity Manual, Chapter 5](#), section 5.5 for more information.

Independent Diagnostic Testing Facilities

You must properly store medical records. If we or our contractors request to see these records, you must provide them within 2 business days. See the [Medicare Program Integrity Manual, Chapter 10](#), section 10.2.2.4(B) for more information.

Signature Requirements

You must meet Medicare's signature requirements. Insufficient documentation errors that lead to improper payments may result from unauthenticated medical records. Common errors include:

- No provider signature
- No supervising signature
- Illegible signatures without a signature log or attestation to identify the signer
- An electronic signature without the electronic record protocol or policy that documents the process for electronic signatures

Resources

- [Complying with Documentation Requirements for Lab Services](#)
- [Complying with Medical Record Documentation Requirements](#)
- [Complying with Medicare Signature Requirements](#)



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